

Confidential Estate Planning Questionnaire

The information which you supply on this form will be retained in our files and no information will be released to any person without your express prior written permission.

Client Information

Legal name: _____ first
 middle last

List all prior legal names _____

List all other names used _____

Date of birth: ____/____/____

Place of birth: _____
 city state country

Social Security number: ____ / ____ / ____

U.S. citizen: Yes No

Florida resident: Yes No If Yes, for how long? _____

If not a resident of Florida, specify State of which you are a resident and the length of residency:

Permanent address: _____
 street address city state zip code County

Do you claim Florida homestead exemption? Yes No

Telephone numbers: Home _____ Work _____ Cell phone _____

Email: _____

Occupation: _____ **Employer:** _____

Marital status single / married / divorced / separated / widowed

Children

If you have any children, please state the legal name, birth date and current address of each of your children and state whether a child has any children (i.e., your grandchildren). Use additional sheets if necessary. If you have step children, please state the legal name, birth date and current address of each of your step children and indicate if you wish to name any of your step children as beneficiaries of your estate.

1. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip

Date of birth: ____/____/____ **Children #**_____ **Telephone #:** _____

 child-current marriage child-former marriage adopted step child deceased

2. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip

Date of birth: ____/____/____ **Children #**_____ **Telephone #:** _____

 child-current marriage child-former marriage adopted step child deceased

3. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip

Date of birth: ____/____/____ **Children #**_____ **Telephone #:** _____

 child-current marriage child-former marriage adopted step child deceased

4. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip

Date of birth: ____/____/____ **Children #**_____ **Telephone #:** _____

 child-current marriage child-former marriage adopted step child deceased

Information for your will or trust / Fiduciaries / Personal Representative

Who do you want to nominate as the “personal representative” or the executor of your estate? Married people often select their spouse. **Please note that under Florida law, if the personal representative is not related to you, or the spouse of someone related to you, he or she must be a Florida resident.** You may also select a “corporate” personal representative (e.g., bank or trust company).

Personal Representative

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Alternate Personal Representative

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Trustee

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee? You may also select “co-trustees” or a “corporate” trustee (e.g., bank or trust company).

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Alternate Trustee

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Guardians

If you have any children who are minors, a guardian should be named in your will to care for their person and to manage their property until they attain 18 years of age in the event of the death of both parents. You may nominate “joint” guardians. You may also nominate separate guardians for a child, that is, a “guardian of the person” and a “guardian of the property” especially if a proposed guardian may not be suitable for handling a child's property and finances. A guardian of the property could include a “corporate” guardian or corporate co- guardian. Please note that under Florida law, if the person you nominate as guardian is not related to the child, he or she must be a Florida resident to be appointed.

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Alternate Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Specific bequests

List any specific items (e.g., automobiles, jewelry, personal effects, etc.) or specific amounts of money that you wish to leave to one or more beneficiaries. If you have a large number of items of “tangible personal property” that you want to give to several persons, you may want to consider having a “separate writing” prepared.

<u>Item or Amount</u>	<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>
-----------------------	----------------------------	-------------------------------	---------------------

Residue

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
----------------------------	-------------------------------	---------------------	-----------------------------

If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

Trusts

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important. For example, do you want to leave money in trust for an adult child, grandchild, or some other family member with special needs?

Additional information

Use this space to provide any additional information concerning your testamentary intentions.

Miscellaneous

If you want:

1. A specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.), specify the disposition: _____

2. A **Durable power of attorney** (i.e., a document authorizing another person to control your assets on your behalf and for your benefit during your lifetime):

Attorney in Fact Designation

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Alternate Attorney in Fact

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

3. Any **living will documents** (i.e., documents authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances), state:

Health care surrogate

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Telephone numbers: Home _____ Work _____

Alternate health care surrogate

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Telephone numbers: Home _____ Work _____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:
(H high concern, S some concerned, L low concern, N/A no concern or not applicable)

Description	Level of Concern	
	Husband	Wife
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a spouse.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a guardianship in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children's inheritance from the possibility of failed marriages.		
Protect children's inheritance in the event of a surviving spouse's remarriage.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

GIFTS

Have you ever made one or more gifts the total value of which were over \$14,000 to any one person in any year? Yes No

Have you ever filed a federal Gift Tax Return (i.e., IRS Form 709)? Yes No

SUMMARY OF CURRENT ASSETS

Please provide as a complete list as possible. In lieu of some of this information you may provide a financial statement or copies of individual statements.

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*).

Type or Description	Owner	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account “CA”, Savings Account “SA”, Certificates of Deposit “CD”, Money Market “MM” (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

SUMMARY OF VALUES

ASSETS	Amount*		Total Value
	Husband	Wife	
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

PRIVACY RULE

Any information given to us by any one spouse or relating to planning is accessible to the other spouse. Each spouse has the right to independent legal counsel with respect to planning. The transfer of assets with respect to estate planning could affect marital rights.

We will do your planning based upon the information described in this form. If you wish for us to verify any of this information, please let us know. We will be pleased to review any deeds, mortgages, account statements, or other confirmatory documentation, if requested. The specific ownership and designation of assets, liabilities and beneficiary designations must be coordinated properly for estate planning documents to function as intended.

The undersigned has reviewed this form and the following asset summary information and believe it to be accurate and true.

Date: _____ Signed: _____
Client

Date: _____ Signed: _____
Spouse (if applicable)